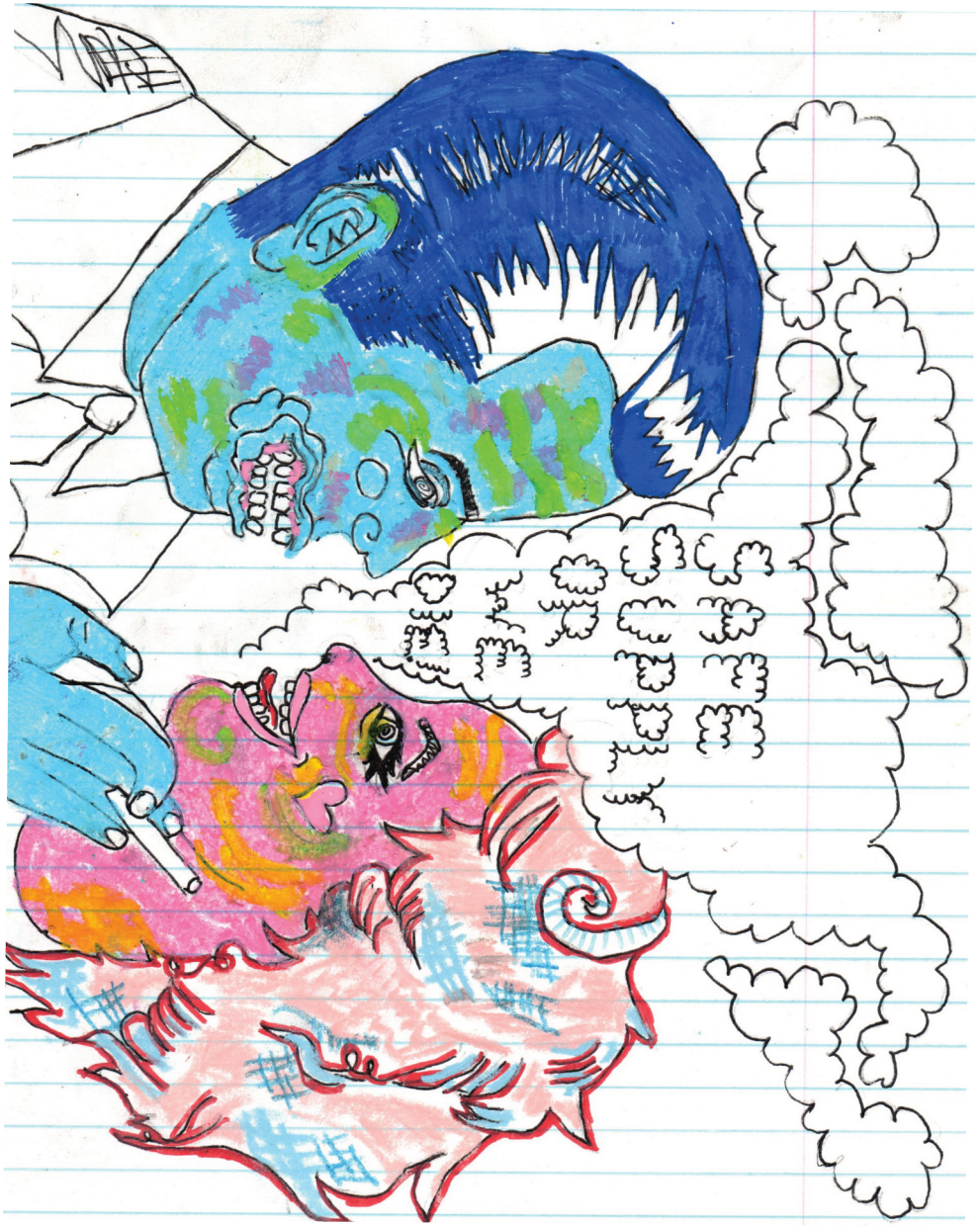
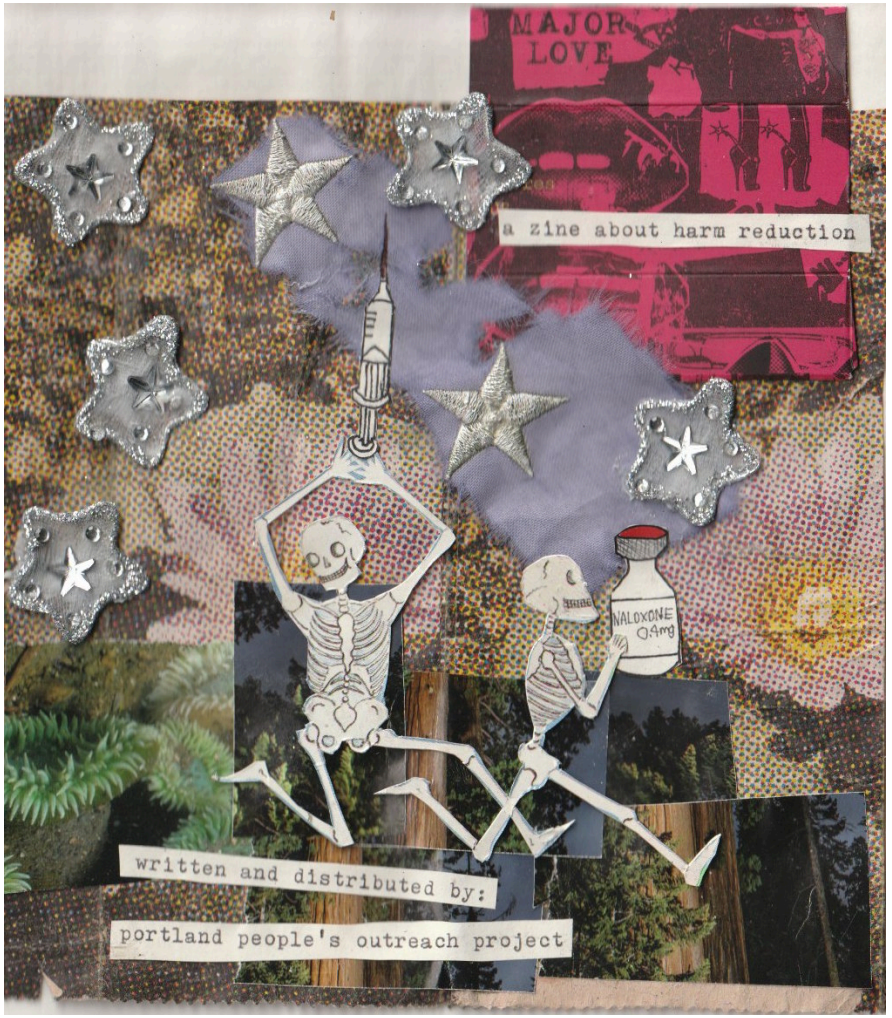
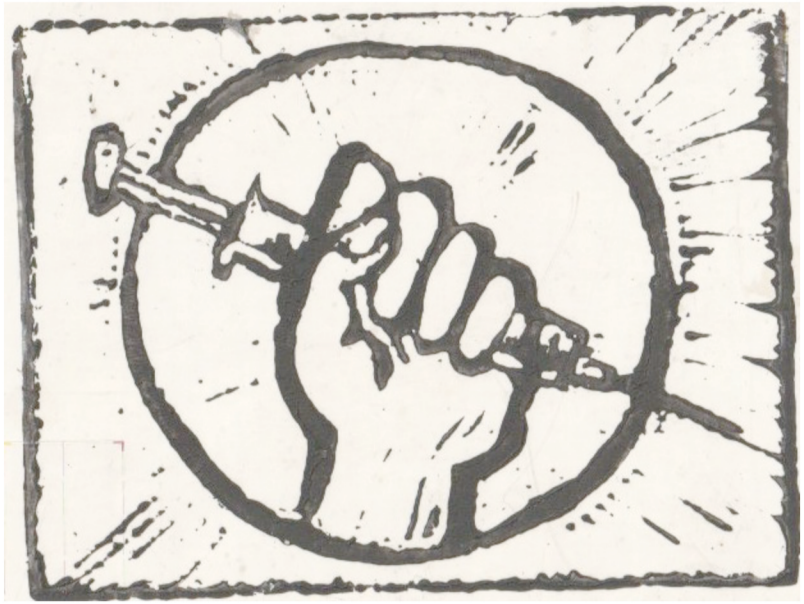



MAJOR
LOVE
a zine about harm reduction
NALOXONE
0.4mg
written and distributed by:
portland people's outreach project



THIS ZINE IS DEDICATED TO ALL THE FRIENDS, COMRADES, LOVERS, AND ACQUAINTANCES WE'VE LOST TO THE WAR ON DRUGS. WE MISS YOU, WE LOVE YOU, AND WE WILL NEVER STOP FIGHTING FOR YOU.

REMEMBER: YOU ARE LOVED AND NEEDED IN THIS WORLD, WHETHER YOU DO DRUGS OR NOT.

Drug User Rights! Drug User Power!

Harm reduction was started by and for drug users and sex workers. Its aim has never been an elimination of "risky" or "undesirable" behavior, but rather to support those making decisions for themselves to be as safe and informed as possible. The language of harm reduction did not start in medical offices or sobriety centers, and in many cases, has been co-opted by such institutions to harmful ends.

Our experience as drug users is important and we should be respected for being valuable leaders and educators in our field.

> "The IV drug culture of the 1970s in the city culminated in the AIDS crisis of the 1980s. It was in Tenderloin peep shows where much of the IVDU [intravenous drug user] community were congregating. For $2 in sticky tokens you could access the backrooms of local peepshows and essentially spend a day holed up in a buddy booth. Having been a child of the neighborhood I knew the people that made these businesses run, so when it became apparent that clean syringes were desperately needed to stave off the rapidly encroaching epidemic, it was to the owners of these establishments that we turned. The first cases of AIDS recorded in the city were actually IVDUs. It was to the porn kingpins that we pleaded our case, and they provided us with a steady supply of fresh needles at no cost. It was these businessmen who were instrumental in the formation of needle exchange, allowing us to distribute the harm reduction packages we assembled in adult bookstores. This is the history that you won't learn in social work school. It was organized crime racketeers, sex workers, and drug addicts that brought the first substantive changes in the way that behavior was altered during the plague years that would save countless lives. Not the government or academia, nor a bunch of college educated white guys screaming in the streets." - Greg Ellis

The information shared in this zine will help enable you to support those around you and be a more informed drug user!

Safety Planning and Prepping

Prepping

Do you have supports?

Do you have someone you can be honest with about the fact that you are going to use?. Ideally this person would be in the same physical space as you, or have access to your space, so they can check up on you and administer life saving medication like naloxone if you become unresponsive. Otherwise, give them your physical address or location and phone number, so if you become unresponsive they can give this info to first responders.

Call Never Use Alone 877-696-1996 or 800-484-3731 if you need someone to buddy with you while you use. You can also check with local drug users unions as they often will have someone answering the phone who can spot you. The Portland Drug User's Union phone number is (971) 666-3236.

Are you hydrated? Have you eaten?

Maintaining proper hydration while high can be challenging, so it's always helpful to hydrate beforehand. Water is your friend! Or any liquid that is not a diuretic (coffee, alcohol, and teas), such as emergency-cs, liquid IV, propel, or mio type drinks are great options for those who don't like water.

Proper hydration assists with cardiovascular health by thinning promoting blood flow allowing platelets to flow more easily through veins. This reduces the risk of blood clots, and helps to maintain the elasticity of vein walls. Being hydrated can also helps you locate and hit a red flag much easier - meaning you get your shot in with ease!

Eating while using stimulants can be a huge challenge but is super important for drug users' health. Staying well fed reduces the risk of hypoglycemia, supports the liver in processing drugs, and helps the body recover quicker from use. Try to commit to having small high-protein high-fat snacks every few hours while using.

Have you rested?

Getting enough sleep is crucial for drug users health. Sleeping reduces mental health crashes, helps regulate mood, and promotes overall long-term health.

Supporting Mental Symptoms of Overamping

Stay Calm and Grounded

- Your demeanor matters. Speak slowly, softly, and reassuringly. Keep your movements steady and non-threatening.
- Avoid making sudden movements or asking too many questions, as this could heighten paranoia. Don't touch them unless they explicitly say it's okay; some people might feel threatened.
- Avoid arguing or challenging their perception of reality, even if they're paranoid or confused. Instead, validate their feelings with phrases like:
- "I can see you're overwhelmed, but you're not alone."
- "I'm here to help you through this."
- Provide a Safe and Comfortable Environment

Provide a Safe and Comfortable Environment

- Reduce sensory overstimulation by moving them to a quieter area away from loud noises, bright lights, or large crowds.
- Encourage them to sit or lie down if possible, as it helps calm their nervous system.
- If they feel safe with it, provide them with a comforting object, such as a blanket or something to hold.

Help Them Focus on Their Breathing

- Help Them Focus on Their Breathing
- Guide them through slow, deep breaths to reduce panic:
- Breathe in through the nose for 4 counts.
- Hold the breath for 4 counts.
- Exhale through the mouth for 6 counts.
- Encourage them to repeat this cycle a few times to help calm their heart rate and anxiety.

Use Grounding Techniques

- Grounding can help ease feelings of disconnection or paranoia. Try techniques like:
- 5-4-3-2-1 Method: Ask them to name 5 things they can see, 4 things they can feel, 3 things they can hear, 2 things they can smell, and 1 thing they can taste (or imagine tasting).
- Offer a cool drink of water, as the sensation can help anchor them.

Be Patient and Non-Judgemental

- Remember that their feelings, while exaggerated, are real to them in the moment. Avoid statements like "You're fine" or "Stop freaking out," which can feel dismissive.
- Instead, focus on statements of support:
- "You're safe right now."
- "This will pass, and I'm with you until it does."

Monitor for Escalation

If their mental state worsens—like extreme paranoia, hallucinations, or they become a danger to themselves or others—you might need to seek professional help.

Responding to Overamping

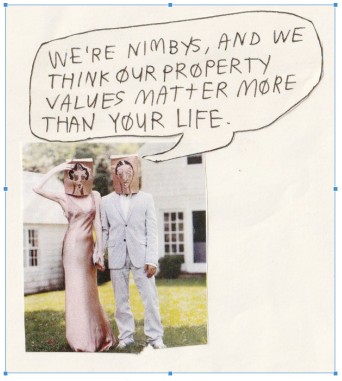
First you will need to determine what kind of help is necessary, based on the symptoms the person is displaying. This may be care and rest, or in more serious cases it may result in needing emergency medical attention.

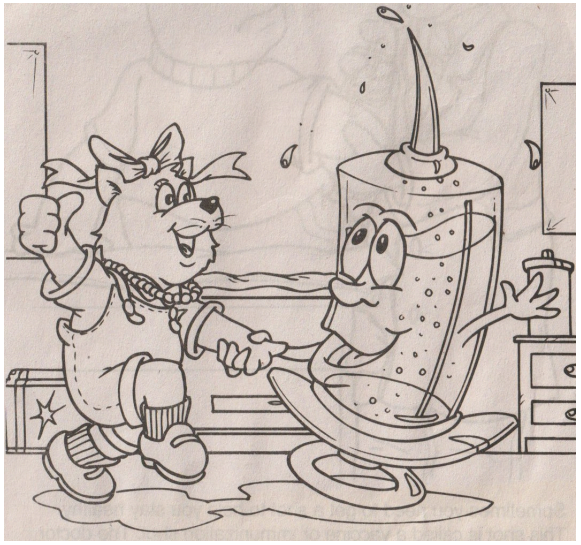
Overheating, or "hyperthermia," can be life threatening. If you notice someone overheating, try to get them to slow down and stop moving (as much as possible) and try to cool them down with ice packs, mist and/or fanning. Make sure they are drinking water or a sports drink with electrolytes so they don't dehydrate. Place a cool, wet cloth under the armpits, on the back of the knees, and/or on the forehead. If they are indoors try to open a window or get them outside for fresh air.

Dehydration associated with overheating can produce nausea, vomiting, headaches, and low blood pressure. This can lead to fainting or dizziness, especially if the person stands up quickly. Encourage small sips of water to avoid dehydration but don't force it if they can't drink. Electrolyte drinks are great too!

Hyperthermia often presents as hot, dry skin. The skin may become red and hot from the blood vessels dilating, sometimes leading to swollen lips. The person may be unable to perspire, causing the skin to feel dry. When the body temperature reaches about 40 C/104 F, or if the person is unconscious or showing signs of confusion, hyperthermia is considered a medical emergency that requires professional medical assistance. In a hospital, the person overamping may be given intravenous hydration, gastric lavage (pumping the stomach) with iced saline, and potentially hemodialysis to cool the blood.

If someone is experiencing **severe heat stroke** they may become confused or hostile. Heart rate and breathing will increase as blood pressure drops and the heart attempts to supply enough oxygen to the rest of body. The decrease in blood pressure can result in a pale or bluish skin color in more severe cases. If left untreated the body's organs can begin to fail, in which case unconsciousness and death may result.



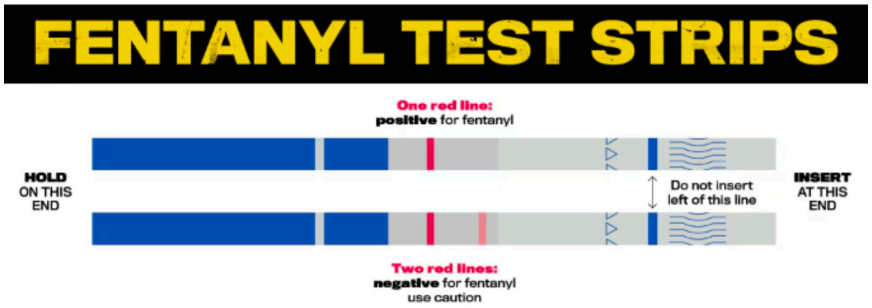


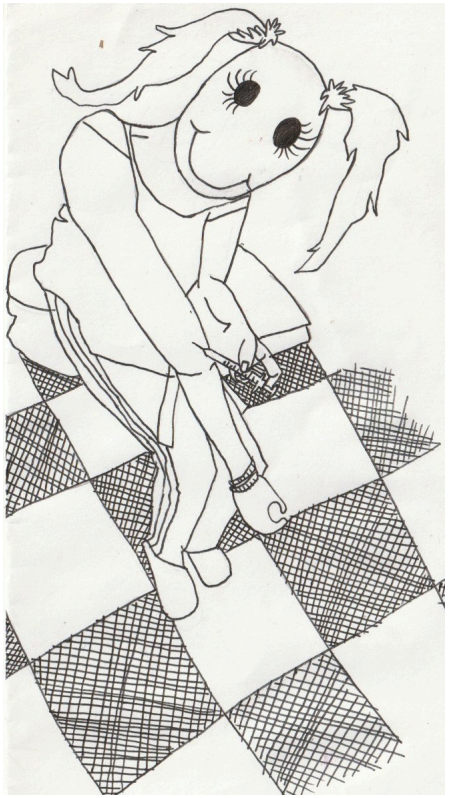
Have you checked your drugs?

Portland Oregon is lucky to have access to a mass spectrometer that is free to the public. You can bring residue (think: a bag that previously had your substance in it) to Outside In's Injection Drug User Health Services program at 1219 SW Main St. in downtown Portland. They are available Monday, Wednesday and Friday from 12-4. If you have an questions, they can be reached at harmreduction@outsidein.org or (503) 535-3899

Your sample is often returned after testing, be aware that some drugs like pills with lots of binders can take longer for testing so please allow at least an hour before closing. They also provide a print out every quarter of all drugs tested what the makeup of drugs were, like a who's who of drugs being consumed in our area!

How to read Fentanyl test strips:





Overamping

While opiates directly slow down the body, stimulates speed it up. Overamping and overdosing are not the same. True stimulant overdoses are typically marked by cardiac events and/or seizures and are a life-threatening medical emergency. Overamping presents differently from an overdose and can easily be distinguished by seasoned users or supports.Overamping may happen regardless of how much or little you use, or how long you've been using, but it caused the body and mind past their normal comfortable limits. While an opioid overdose can be reversed (such as with narcan), overamping can not - the person just requires support and time.

Some things that may lead to overamping::

- Lack of sleep
- Your body being worn down from not eating or drinking enough water
- Being in an uncomfortable environment or with people that are making you uneasy
- Taking too much of a stimulant in too short of a timeframe
- Mixing drugs

Physical Symptoms of Overamping::

- Nausea and/or vomiting
- Falling asleep/passing out (but still breathing)
- Chest pain or a tightening in the chest
- High temperature/sweating profusely, often with chills
- Fast heart rate, racing pulse
- Irregular breathing or shortness of breath
- Convulsions
- Stroke
- Limb jerking or rigidity
- Feeling paralyzed while awake
- Severe headache
- Hypertension (elevated blood pressure)
- Teeth grinding
- Insomnia or decreased need for sleep
- Tremors

Psychological Symptoms of Overamping:

- Extreme anxiety
- Panic
- Extreme paranoia
- Hallucinations
- Intense agitation
- Increased aggressiveness
- Restlessness or irritability
- Hypervigilance
- Enhanced sensory awareness

All About Opioid Overdoses

How an Opioid Overdose Occurs

Opioids bind themselves to the nerve receptors that send pain signals to the brain. Some of these receptors are located in the pre-Bötzinger complex (preBötC). PreBötC is a neural network in the brainstem that is responsible for generating the rhythm of breathing. Having high levels of opioids in this area causes a decrease in respiratory rate and depth, which can lead to respiratory depression and hypoventilation. This also means that those who have difficulty with breathing (like asthma or COPD).are more susceptible to the dangers of opioid induced Respiratory Depression

Mixing substances makes overdoses more likely (for example: an opioid and a benzodiazepine) if you decide to mix substances, start low and go slow. You can always add more but you can never add less! If there is a safe person who lives with you, it would be a good idea for you to tell them that you are planning to use, so that they can check to make sure you're ok.

What to Watch Out For

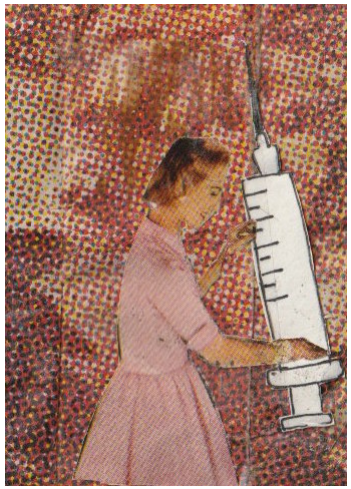
An opioid overdose occurs when opioids overwhelm the part of the brain that regulates breathing, leading to respiratory depression. When breathing becomes slow, shallow, erratic or ceases entirely, the skin may turn ashy or grey for people with darker skin, the skin may turn blue, or lighten for those with lighter skin.

Finger tips, lips, and tip of the nose are the first areas where you'll notice discoloration. The face will appear more pale and clammy. Heartbeat will slow down as the blood pressure drops and the individual will become fully unresponsive. to tell if someone is unresponsive or just nodding, try doing a sternum rub. this means making your hand into a fist and rubbing your knuckles on their sternum- hard. try it on yourself. it hurts. if someone is just nodding but has not overdosed, they will respond in some way.

Compassionate Overdose Reversal

What is Naloxone?

Naloxone is a fast-attacking medication that is used to assist in reversing opioid overdoses. It works as an opioid antagonist, meaning it binds itself to the opioid receptors, blocking the effects of all other opioids in the body. It does not work for overdoses on substances other than opioids. Naloxone can be delivered in two forms:



Intramuscular

Naloxone is administered as an intramuscular injection (IM). Popular spots are the middle outer thigh, the deltoid and the upper outer arm. Injectable Naloxone comes as a single-use medication in a vial. Each vial contains 0.4mg/mL. Provide one dose, practice rescue breathing and repeat if the individual is still unresponsive after five minutes have passed.

Pros for IM
Lower dose with more control
Higher bioavailability
Available at local syringe exchange programs
More affordable (usually free)

Cons for IM
Takes longer to prepare
Takes time to feel comfortable using
Less convenient to carry

Calling 911

Calling 911 can be necessary in extreme cases - it can also be extremely unpleasant. Sometimes first responders can be truly helpful, and other times they cause harm. There are a lot of legitimate fears about calling 911. People who use drugs face a higher amount of stigma, which often increases potential harassment from first responders. .

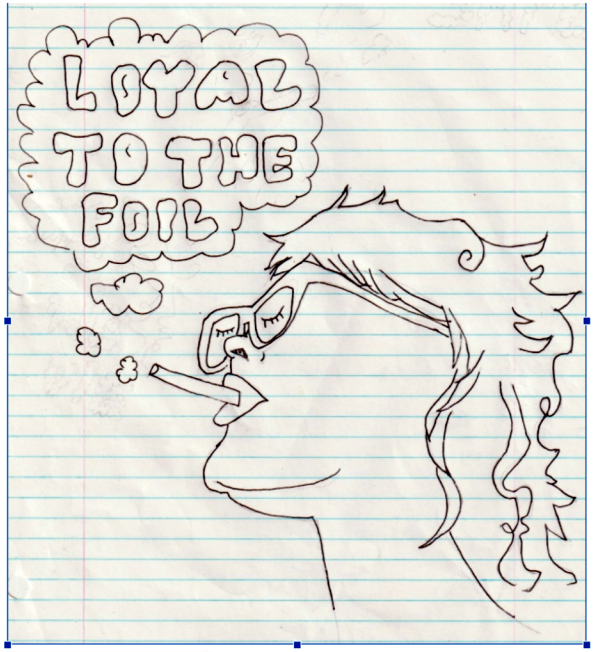
Do not mention drugs or overdose. Just report symptoms: Is the person breathing? Are they responsive?

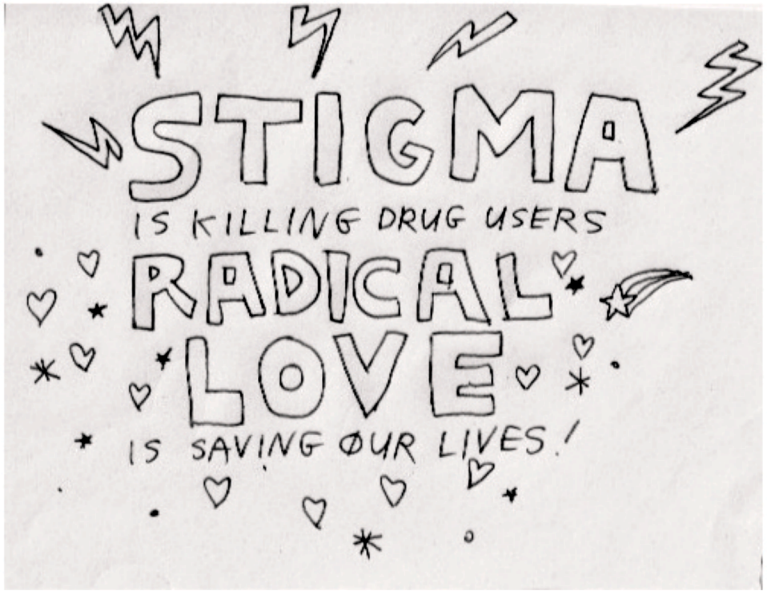
Overdose Misconceptions

An opioid OD does NOT mean that the person is dead. Someone who has OD'd on only opioids has just passed out from lack of oxygen to the brain. They are not not breathing due to the respiratory depression from taking opioids.

Administering Naloxone will NOT necessarily instantly make someone sober.To come out of respiratory depression, a person may only need one dose of Naloxone, or they may need multiple doses of Naloxone. If a person becomes sober from Naloxone, it is possible the opioid in their system will outlast the Naloxone, so they may stop breathing again after the Naloxone wears off.

Resuscitating someone does NOT mean doing chest compressions. DO NOT GIVE SOMEONE CHEST COMPRESSIONS UNLESS THEIR HEART HAS STOPPED. The person who has OD'd on opioids just needs you to breathe for them for a bit





Post-overdose Care

The person whose overdose has just been reversed may be physically dependent on opioids. If more Naloxone was administered than the minimum amount necessary for the person to be able to breath on their own again, they may begin having withdrawal symptoms. The person may experience significant pain throughout their body, nausea, agitation, chills, etc. You just ruined someone's high. Understandably, that person might be pissed off at you. From the perspective of the person who is just coming out of an overdose, no time has passed from the moment before they passed out up to the present. The sudden shift in their situation may be jarring and confusing.

Monitor how conscious they are. If they're really out of it they might slip back into respiratory depression. Keep them talking, if they're talking then they're breathing. Things they need to know when they wake up: That they stopped breathing, they OD'd, and you administered Naloxone. Welcome them back to reality in as calm and respectful a way as you can. Offer them care, kindness, patience, and grace. Stay with them while they reorientate themselves

Legal

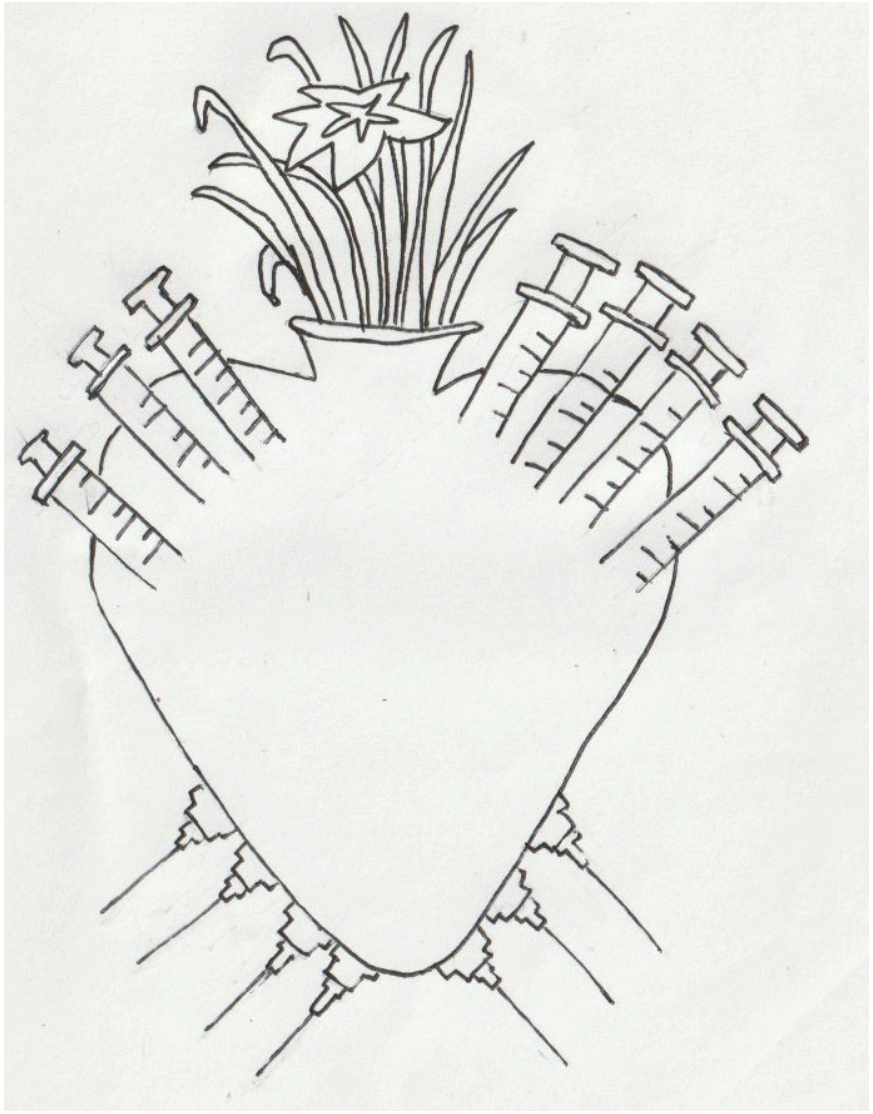
If you call for medical aid for someone who is experiencing an overdose, Oregon's Good Samaritan law protects you and the person who has overdosed from being arrested or prosecuted for drug-related charges or parole/probation violations.

Intranasal

Nasal Naloxone is an intranasal route of administration. Each device contains 4mg of Naloxone. Provide rescue breaths, then administer a dose of naloxone, then continue with rescue breathing for three minutes, then administer another dose of naloxone, continuing alternating between rescue breathing and naloxone until the person becomes responsive

Pros for Nasal
Easy to use
No risk of needle injury
Little preparation time needed
Sold in most pharmacies

Cons for Nasal
Higher dose
Higher cost

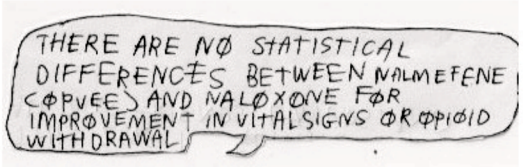


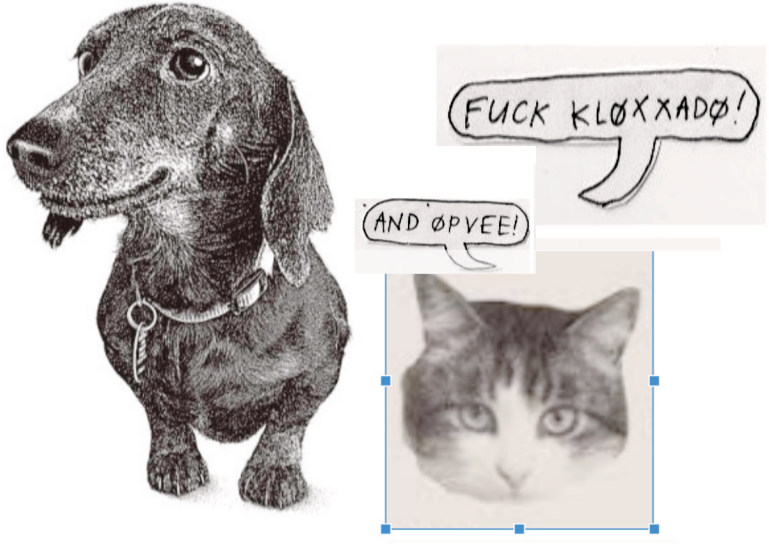
Believe there to be an overdose? Stay calm, observe, confirm, react.

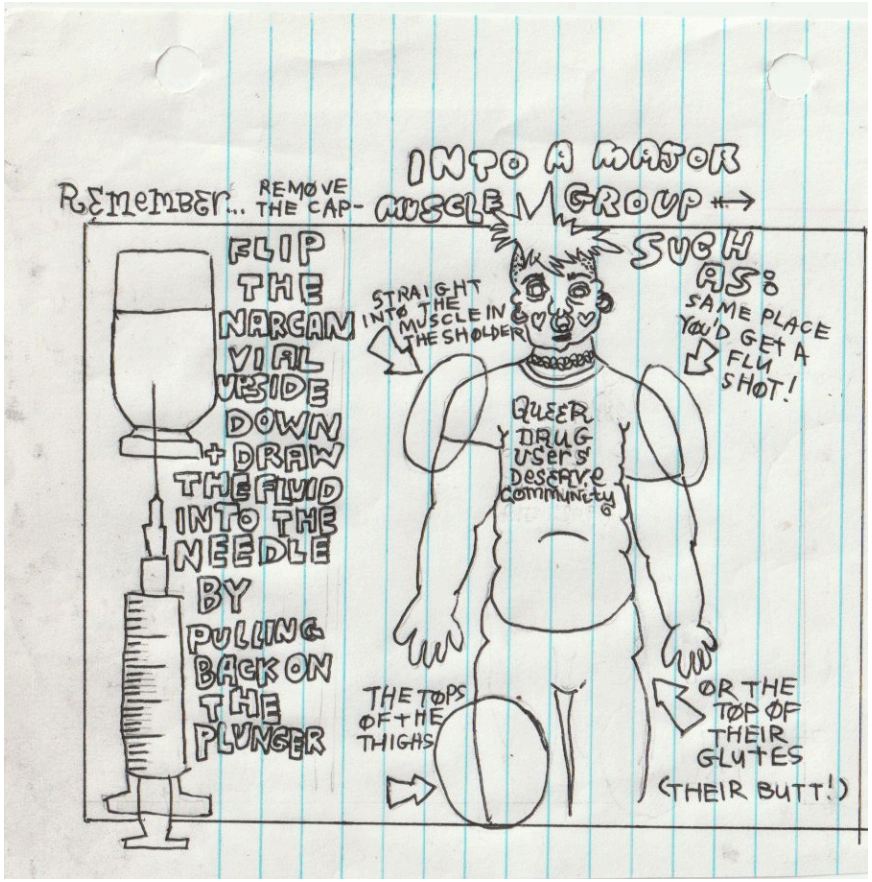
Example

How to Administer Intranasal Naloxone

- Remove naloxone from its packaging
- Tilt their head upwards and back
- Insert the ENTIRE spray piece into the nostril until only the wide section shows.
- Press the plunger firmly to release the full dose.
- Provide rescue breaths
- If they have not revived after 3 then you may need to administer a second dose
- Once the individual is awake, prompt them to blow their nose! Narcan drips are no fun!
- When the person wakes up they will often be confused, not realized they overdose, and in some cases will come up swinging. When they wake up, give them space, and a wide berth,. Do not personalize -realize they almost just lost their life. Don't expect thank yous or gratitude.
- It is important, if possible, to have someone monitor them for the next 4 to 12 hours as they could slip back into overdose depending on strength of the drug and their tolerance.

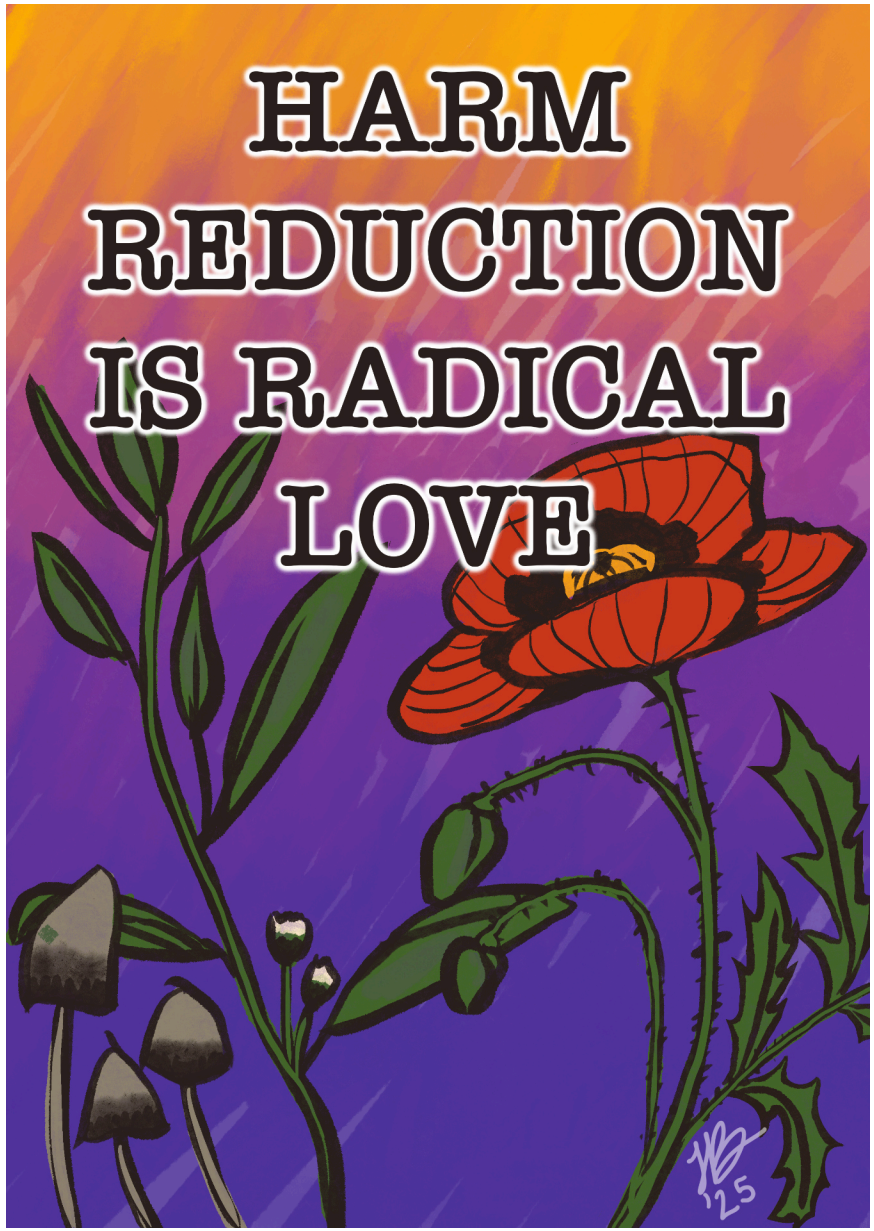

THERE ARE NØ STATISTICAL DIFFERENCES BETWEEN NALMEFENE (ØPVEE) AND NALØXØNE FØR IMPRØVEMENT IN VITAL SIGNS ØR ØPIØID WITHDRAWAL




REMEMBER... REMOVE THE CAP-
FLIP THE NARCAN VIAL UPSIDE DOWN + DRAW THE FLUID INTO THE NEEDLE BY PULLING BACK ON THE PLUNGER
INTO A MAJOR MUSCLE GROUP
SUCH AS:
STRAIGHT INTO THE MUSCLE IN THE SHOULDER
SAME PLACE YOU'D GET A FLU SHOT!
QUEER DRUG USERS DESERVE COMMUNITY
THE TOPS OF THE THIGHS
OR THE TOP OF THEIR GLUTES (THEIR BUTT!)

How to Administer IM Naloxone

- Naloxone may be administered directly into the muscle, through layers of clothing.
- Remove the top cap cover from the vial. Vials typically come in a single dose. A single dose of IM Naloxone is 0.4mg/ml.
- Use a needle that is specifically for muscles. These needles will be 25 gauge and lower.
- Insert the needle into the vial, use the full dose. Don't stress about air bubbles.
- Insert the needle at a 90 degree angle into the muscle and push the plunger to provide the full dose. This can be the upper thigh, or upper outer area of the arm (like where you typically get vaccines).
- Provide rescue breaths
- If they have not revived after 3 minutes then you may need to administer a second dose of Naloxone.

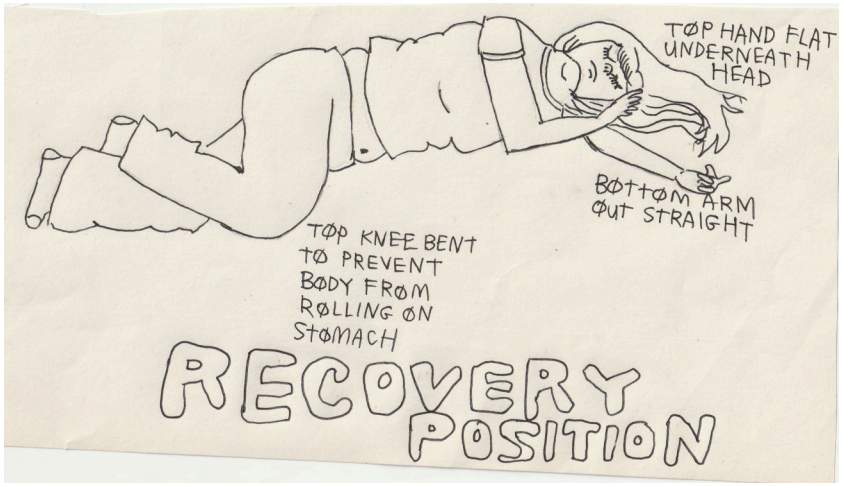


Consent

Nodding off is often misinterpreted as an overdose. A person becomes relaxed, the heart rate slows down, their breathing becomes slow and shallow, they may even slouch over. This alone does not indicate an overdose. If you are worried, you can engage with them. So long as they are able to respond to you in some manner and or they are breathing then it is not necessary to use life saving medications. If you are worried, then you should stay with them but if naloxone isn't necessary to restart their breathing then it should not be used without their consent.

Check for a response with sound or touch, a good first step is applying a vigorous sternum rub! This means using the the tip of your fist and rubbing hard on their sternum. If they are still non responsive, and not independently breathing then ACT!.

If you inform someone that you are going to "Narcan them" and they are conscious they will typically respond to indicate that is something they do not want. (Please remember that naloxone causes precipitated withdrawals.) In overdose situations as a last resort before hitting them with a dose of naloxone, try saying I AM GOING TO NARCAN YOU!!!! If anyone has had the displeasure of being "narcanned" while opioid dependent they will snap out of their nod with the quickness. If they are unresponsive tilt their head back and lower their chin, opening their mouth. Then check to see if they are breathing. Watch to see if their chest is rising. If the person is breathing, move them onto the floor and into the recovery position.


TØP HAND FLAT UNDERNEATH HEAD
BØTTØM ARM ØUT STRAIGHT
TØP KNEE BENT TØ PREVENT BØDY FRØM RØLLING ØN STØMACH
RECOVERY POSITION

Recovery Position

- Put their left arm in a "High Five" position
- Place the back of their right hand onto their left cheek and hold it there
- Bend their right knee up and turn their foot inward towards their left knee
- Pull their right knee to roll them over onto their side
- Tilt their head back and lower their chin to open up their airway
- Straighten their right leg to allow it to lay flat on the floor, above the left.

Rescue Breathing

When a brain goes without oxygen, it experiences a condition known as Cerebral Hypoxia. This is when brain cells begin to die due to lack of oxygen. The severity of damage increases within moments, because of this, rescue breaths can save a a life. If a person goes too long without getting oxygen to the brain they are at a high risk for brain damage- every second counts. You can keep someone alive and avoid them getting brain damage indefinitely as long as you provide rescue breathing for them. Here's how:

- Open their airway, place one hand on their forehead, the other under their chin
- Gently tilt their head upward and back while moving their chin downward to open their mouth
- Check to see that their airway is clear
- Pinch their nose shut
- Cover their mouth with a CPR face shield or rescue mouth mask if you have one, If you don't, still provide rescue breaths!
- Breathe into them
- Take a regular breath about one second long every five seconds or about 10 to 12 breaths per minute
- You should continue giving rescue breaths until the person starts breathing normally again
- If their chest isn't moving after the first few breaths, try repositioning the head again to ensure their airway is clear. If your breaths are overly, you will notice their stomach expanding - air in the stomach does not help revive someone! Make sure you see their chest rise and fall.